



# Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness

The U.S. Interagency Council on Homelessness and its 19 federal member agencies have adopted a vision of what it means to end homelessness in this country, ensuring that it is a rare, brief, and one-time occurrence. In order to help focus and drive progress, we are also developing specific criteria and benchmarks for communities to use as they take action toward goals set forth in [Opening Doors](#).

Criteria and benchmarks work together to provide a complete picture of a community's response to homelessness. While the criteria focus on describing essential elements and accomplishments of the community's response, a benchmark serves as an indicator of whether and how effectively that system is working. These criteria and benchmarks represent our best thinking at this time. We will continue to review and evaluate their effectiveness as more communities approach and succeed in meeting these goals.

We know that permanent housing with individually tailored supportive services is the solution to chronic homelessness. To make sure all individuals experiencing chronic homelessness are on a quick path to permanent housing – and that no one else falls into chronic homelessness – communities need robust, coordinated systems that are focused on the same shared outcomes. These criteria and benchmark are intended to help communities build and fine-tune those systems, to help define the vision of ending chronic homelessness for individuals within communities<sup>i</sup>, and to align local efforts in support of that vision, with a focus on long-term, lasting solutions.

Use the [self-assessment questionnaire](#) to further assist you in determining whether your community has achieved the criteria and benchmark, and whether your system has a comprehensive outreach strategy, and a robust, real-time tracking system.

## CRITERIA

### **1. The community has identified and provided outreach to all individuals experiencing or at risk for chronic homelessness, and prevents chronic homelessness whenever possible.**

The community coordinates persistent and creative outreach, in-reach, and engagement efforts throughout the geographic area, in conjunction with coordinated entry and other mainstream systems. The community cross-references multiple data sources and uses other methods to identify, enumerate, and assertively engage individuals experiencing chronic homelessness ([as defined by HUD](#)), and individuals most at risk of becoming chronically homeless, including people cycling through institutional settings. The community uses HMIS and other data sources to build and maintain an active list of people and to track the homelessness status, engagement attempts, and permanent housing placement for each individual. The community's outreach strategy allows for quick identification and engagement of individuals who may become chronically homeless in the future and individuals experiencing chronic homelessness who newly arrive to the community, and also prevents people from aging into chronic homelessness.

**2. The community provides access to shelter or other temporary accommodations immediately to any person experiencing unsheltered chronic homelessness who wants it.**

The community has the capacity to immediately offer some form of low-barrier shelter (i.e., emergency shelter, hotel/motel, bridge housing, or other temporary accommodations) to people experiencing chronic homelessness who are sleeping in unsheltered locations, while assisting them to swiftly access permanent housing. Rapid re-housing and transitional housing may be being used as bridge housing for individuals experiencing chronic homelessness. However, because a stay in transitional housing could affect a person's ability to access dedicated permanent supportive housing, such stays are only used in situations where the household has already been enrolled in permanent supportive housing and is actively seeking a unit. Access to shelter and other temporary settings is not contingent on sobriety, minimum income requirements, lack of criminal justice system involvement, or other unnecessary conditions, such as participation in certain activities.

**3. The community has implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served.**

The community has fully embraced a Housing First and low-barrier response across its system and all program types. The community assists individuals experiencing chronic homelessness to move into permanent housing without barriers to entry, using a Housing First response, and is actively implementing alternatives to the criminalization of homelessness. Individuals experiencing chronic homelessness do not decline assistance due to requirements such as sobriety or unnecessary program rules, and programs do not deny assistance based on minimum income requirements, lack of criminal justice system involvement, or other unnecessary conditions.

In order to provide choice to all people experiencing chronic homelessness, there may be a limited number of programs, such as abstinence-focused programs, that may not be implementing all of the principles of a Housing First approach. However, such programs should embrace as many Housing First principles as possible and should be working in partnership with other programs within the larger community's Housing First response.

**4. The community assists individuals experiencing chronic homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritizes people for permanent supportive housing.**

The community has capacity and resources to connect individuals experiencing chronic homelessness to permanent housing within an average of 90 days. If an individual initially declines housing, the community has practices in place to ensure that new offers are made regularly, at least every two weeks. Individuals are also connected to SSI/SSDI benefits, health and behavioral health care, social supports, employment opportunities and workforce programs, and other supportive services that promote health and long-term housing stability. The community follows [HUD's prioritization guidelines](#) to ensure that individuals experiencing chronic homelessness and most at risk of becoming chronically homeless have access to permanent supportive housing first.

**5. The community has resources, plans, and system capacity in place to prevent chronic homelessness from occurring and to ensure that individuals who experienced chronic homelessness do not fall into homelessness again or, if they do, are quickly reconnected to permanent housing.**

The community has an adequate level and range of services and resources, including health and mainstream resources, and appropriate plans and services in place to prevent chronic homelessness from occurring and to promote the long-term housing stability of all individuals experiencing chronic homelessness who have entered into permanent housing. The community also has a system in place to ensure that individuals who might fall back into homelessness are quickly rehoused.

## **BENCHMARK**

A variety of information and data should be assessed to determine if a community has achieved an end to chronic homelessness, including the following benchmark. In order for a community to demonstrate that they have met the goal, the benchmark must be met and maintained for a period of no less than 90 days to ensure that the system is working well enough to prevent individuals from falling into chronic homelessness. Upon achieving the goal, communities should routinely compare the performance of their system against this benchmark.

This benchmark, when considered with the criteria and the forthcoming self-assessment questionnaire, is a critical indicator of how well a Continuum of Care's system is working to ensure that chronic homelessness is rare and non-recurring. The benchmark reflects our understanding that even when a CoC has ensured that all known individuals experiencing chronic homelessness have entered permanent housing, staying at zero people experiencing chronic homelessness at every point of time may not be achievable given a variety of factors:

- Individuals experiencing chronic homelessness may move into the community at any time.
- A small number of individuals with disabilities may newly meet the definition of chronic homelessness.
- Some individuals experiencing long-term homelessness may become newly disabled or have their disability status newly documented.
- There may be a small number of individuals who have not yet accepted the permanent housing opportunities being offered, despite the community's repeated, ongoing, and best efforts.

## **CHRONIC HOMELESSNESS HAS BEEN EFFECTIVELY ENDED**

All individuals known to be experiencing chronic homelessness (including Veterans) have obtained permanent housing with appropriate services (e.g., permanent supportive housing)<sup>i</sup>. Or, if not all, the number of individuals that continue to experience chronic homelessness does not exceed 0.1% of the total number of individuals reported in the most recent Point-in-Time count, or 3 persons, whichever is greater.

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<sup>i</sup> Family households experiencing chronic homelessness are included in the *Opening Doors* goal to end family homelessness. Ending chronic homelessness for families will be addressed in criteria and benchmarks for families released later this year.

<sup>ii</sup> While individuals experiencing chronic homelessness who enter transitional housing are in most cases no longer eligible for Continuum of Care-funded permanent supportive housing that is dedicated to those experiencing chronic homelessness, a CoC must continue to count these individuals against the benchmark until they have been permanently housed.